



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES
AND CONTRIBUTIONS REPORT**

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

FORM ORG

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STATE OF HAWAII
STATE ETHICS COMMISSION

HAWAII STATE ETHICS COMMISSION
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Honolulu, Hawaii 96813
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THIS SPACE FOR OFFICE USE ONLY

For lobbying reporting period:
[] January 1 - last day of February
[✓] March 1 - April 30
[] May 1 - December 31
Year of Report 20____

Contact person Paula Arcena Phone (808) 536-7702 x110
Organization Hawaii Medical Association
Mailing Address 1360 S. Beretania Street, Suite 200
Honolulu, HI 96814

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 29,001.33

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	\$60.00	7. Entertainment	
2. Media advertising	\$8,127.83	8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	\$20,813.50	11. Other disbursements	
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	29,001.33

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Paula Arcena	1360 S. Beretania Street, Suite 200, Honolulu HI 96814	\$5812.50
Dick Botti	820 Mililani Street, Suite 810, Honolulu HI 96813	\$15,000.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☒ This section is not applicable.
☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☒ This section is not applicable.
☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☐ This section is not applicable.
☒ Contributions received in the total sum of \$25 or more per person were received from the following persons:

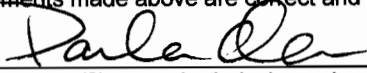
Name & Address	Amount or value
Hawaii Orthopaedic Association, P.O. Box 61207, Honolulu HI 96839	\$2,000.00
Medical Insurance Exchange of California, 6250 Claremont Ave, Oakland CA 94618	\$2,000.00
HAMPAC, 1360 S. Beretania Street, Suite 200, Honolulu HI 96814	\$3,000.00

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge


(Signature of authorized person)

5/24/06
(Date)

Name of authorized person (type or print) Paula Arcena

Title of authorized person Executive Director